

Commonwealth of Pennsylvania - Campaign Finance Report
(Note: This report must be clear and legible, it should be typed)

State PA Sta	Filer Identificat Number	ion 8	3-3710783		t Filed		andida			Committee		Lobbyist
Type of Report (Place x under report type) 3. 6th Tuesday 2. 2th Friday 3. 30 Day Post 4. 6th Tuesday 5. 2th Friday 5. 30 Day Post 7. Annual 5 pecial 2th Friday 5. 2th Friday 7 pre-Election		Committee, C	andidate or		5				<u> </u>			
Type of Report (Place x under report type) J. E th Tuesday 2. 2 ^{-st} Friday 3: 30 Day Post 4: 6th Tuesday 5: 2 ^{-st} Friday 5: 30 Day Post 7: Annual Special 2 ^{-st} Friday Post Election Pre- Electio	Street Address	galantin (Prince)	To all the state of the state o	6060 B	riar Dr		o'es e					
1. 6" Tuesday 2. 2" Friday 3. 30 Day Post 4. 6" Tuesday 5. 2" Friday 5-30 Day Post 7. Annual Special 2" Friday Special 30 Day Pre-Firmary	City	Erie				S	tate	PA		Zip Code	16506	
Pre-Primary Pre-Primary Pre-Election Pre-Election Pre-Election Pre-Election Pre-Election Pre-Election Post-Election Post-Electio	Type of Report	(Place x unde	report type)									
Summary of Receipts and From Date Expenditures	(2) 日本のできる。				25 14		Sec. 25.		10 10 10 10 10 10 10 10 10 10 10 10 10 1	7- Annual	和新的是在1000年,在1000年的第二年的1000年,	TANTON AND RECOVER MEMBERSHIPS
Summary of Receipts and From Date Expenditures			S GENERAL MAG]	X	7			
A Amount Brought Forward From Last Report 8. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line O from Line C) F. Value of In-Kind Contributions Received (From Schedule III) G. Uhnpaid Debits and Obligations (From Schedule IV) Afficient Afficient Section Afficient S	TOTAL SECTION OF THE	the second secon		Year		L			CALL TO EXAMPLE			
Signature Sign	Summary of Re	ceipts and	From Date		To Date	é				For C	Office Use Only	
B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) D. Total Expenditure (From Schedule III) D. Total Expenditure D. Total Expenditure D. Total Expenditures (From Schedule III) D. Total Expenditure (From Schedule III) D. Total Expenditures (From Schedule III) D. Total Expenditure (From Schedul	Expenditures		05/20/2019		06	/19/2019	e de la composition della comp					
From Schedule II)			tati (Sepandia)			0		<u></u>	es, ndest (23)			
(Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of in-Kind Contributions Received (From Schedule III) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Affidavit Section Candidate III G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Candidate III Candidat	(From Schedule	1)	ons and Receipts			0					18.14 F	0 mm 1/2
(From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of in-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules to oppose, from the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this Ommittee Toping Tempor Printed Name Area Code Signature of Perfort Submitting report I what I is this is a report of a Candidate's Authorized Committee	(Sum of Lines A	and B)				0						January January January January
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this IS Swerr (or affirm) that this report, including the attached schedule so obspaper, some part of the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this Signature My Commission expires MO. DAY YR. MO. DAY YR. MO. DAY YR. Signature of Person Submitting report Area Code Daytime Telephone Number Area Code Daytime Telephone Number Signature of Candidate's Authorized Committee Republicate day of	(From Schedule	in)				0						·)
(From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Committee report, including the attached schedules of Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules of Candidate report, and subscribed before me this O O O O O O O O O O O O O O O O O O O	(Subtract Line D	from Line C)				0						est franklig Services Services
Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Committee report, including the attached schedules of apart. The best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this Affidavit Section Affidavit Section Affidavit Section Affidavit Section Affidavit Section Affidavit Section The condidate sign here. I swear (or affirm) that this is a report of a Candidate's Authorized Committee of Surgery Section 120 May 120 M	(From Schedule	ii)	的复数电子	ings.		0						$$ λ
Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedule so operaper, and the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this On militial for many decidence of person Submitting report Signature My Commission expires MO. DAY YR. Signature of Person Submitting report Printed Name Area Code Daytime Telephone Number Part II- If this is a report of a Candidate's Authorized Committee Residuate starting in the code of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. Sworn to and subscribed before me this day of			ons:	\$				-	,		1, 1, 2,	.5. ~
swear (or affirm) that this report, including the attached schedules of paper, to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this Day of	Part 1- If this is a C	ommittee reno	rt, treasurer sign he	re If this	i Za Can				on hore			
Sworn to and subscribed before me this Sworn to and subscribed before me this	swear (or affirm)	that this report	, including the attac	hed sche	des of	paper, 🕏	to the b	est of my	knowled	ge and belief tru	e, correct and comple	te.
My Commission expires MO. DAY YR. See See See See See See See See See Se	Sworn to and subs	cribed before n	e this	-	Commission I ar, Pannsylvani	onwealth of Pr onia Fernand Erie commission	 	d ş) www. Ignature of Din	West of Person Submit	ting report	
I swear (or affirm) that to the best of my knowledge and belief this polistical committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. Sworn to and subscribed before me this		MO.				ylvania - Notary F unty ires April	Ar			Dayti	ime Telephone Numbe	9270
Sworn to and subscribed before me this	I swear (or affirm)	port of a Candi that to the best	of my knowledge a	ommitte nd belief	ties peli	Real com	nittee h		lated any	provisions of the	e Act of June 3, 1937 (P.L. 1333, NO.320) as
Signature of Candidate	Sworn to and subso	ribed before m	e this		8	2	.]					
	day of		20	-	1				Signs	ature of Candida	te	
• •	S	ignature		-	i .							_
My Commission expires	My Commission ex	oires		_	. *							
MO. DAY YR. Area Code Daytime Telephone Number	·		DAY YR.	-			An	ea Code		Daytim	ne Telephone Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number 83-3710783		

	e in Name (Co	Art etc.	
1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period ((1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)	S. Company	\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period (2)	\$	0
3: Contributions Over \$250.00 (From Part C and Part D)	1000 1000 1000 1000 1000 1000 1000 100		
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)	1	\$	0
Total for the reporting period (3	3) ;	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4	4) 5	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	0

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number

	83-37107	783			
V-2					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	
E Compression and					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	intributing			Date [MM/DD/YYYY] \$	
\$246,675,000.W					
House #	Street Address			Date [MM/DD/YYYY] \$	···
City		State	Zip Code	Date [MM/DD/YYYY] 5	
F. If at	Carrier Constitution and Carrier Constitution and Carrier Constitution and Carrier Constitution and Carrier Co				· · · · · · · · · · · · · · · · · · ·
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
GBCT	The second secon				
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] .\$	
Full Name of Co		V. 7-18-17	760 E. Va. 200		
Committee	ittiivutiig.			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 5	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Co	ntributing	principle supports	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] S	
Committee					
House#	Street Address			Date [MM/DD/YYYY] 5	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	INSTRUMENTAL TON	[1900math/my-1909] (1904%) [2]	Date [MM/DD/YYYY] \$	
Committee					
House#	Street Address			Date [MM/DD/YYYY] \$	
City	The programmer terrority and the Paris	State	Zip Code	Date [MM/DD/YYYY] \$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:			
83-3710783			
Professional Control of the Control			
100 May 120 C.	 		

Full Name of Contributor				
Pull Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street Addre	ice		Date [MM/DD/YYYY] 5	.
GILY	State	Zip Code	Date [MM/DD/YYYY] \$	
	1987/18		gan e	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addre			Date [MM/DD/YYYY] \$	
			Pare (more)	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributor	Enthance - manning	Elife Work School August 1992 1992	Date (MM/DD/YYYY) \$	
House # Street Addre	SS		Date [MM/DD/YYYY] \$	
City .	State	Zip Code	Date [MM/DD/YYYY] S	
			300. Dividing 1	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addres	SS		Date [MM/DD/YYYY] \$	
	<i></i>			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	10000000	\$25-4500 seasons - 295 - 192 - 192	Date [MM/DD/YYYY] \$	
House # Street Addres	is .		Date [MM/DD/YYYY] \$	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addres	a a		Date (MM/DD/YYYY) \$	
City.	State	.Zip Code	Date (MM/DD/YYYY) \$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

			
Filer Identification Number:			
83-3710783			
83-3/10/83			
VIEW WITH THE PROPERTY OF THE			
			

Full Name of Contributing Committee			Date (MM/DD/YYYY) \$	
House# Street Add	ress		Date [MM/DD/YYYY] \$	
aty	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Add	ress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/\\\\\)	
House # Street Add			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
'House # Street Addi	ess		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addr	ess		Date (MM/DD/YYYY) \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street Addr	89/02/09/1		Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] 5	

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:				
83-3710783				

				<u></u>	
Full Name of Contrib				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
Gity Feet Name		State	Zip.Code	Date [MM/DD/YYYY]	Š
Employer Name				Occupation	
Employer Mailing Ad					
Principal Place of Bus	siness				
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
Wayse # I				***************************************	
House #	Street Address			Date [MM/DD/YYYY]	\$
Giv	Record allowed Property of the Control of the Contr	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name Employer Mailing Add	Dence I	The process was a good on a second	Takka magazaga aranga a	Occupation	S4201
Principal Place of Bus					
Full Name of Contribu	ntar			Date [MM/DD/YYYY]	534
House #	Street Address			2	\$
City		State	Zip Code		Ś
Employer Name Employer Mailing Add	Arace /			Occupation	
Principal Place of Busi	siness				
Full Name of Contribu	itar			Date [MM/DD/YYYY]	\$?
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Sales	State	Zip Code	Date [MM/DD/YYYY]	5
Employer Name			<u> </u>	Occupation	
Employer Mailing Add Principal Place of Busi					

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	ber:	83-3710783				
Full Name	or section					
	127	The state of the s				
House#	Stre	eet Address				
City The second to the second		C. Carlotte	State	Zip Code	Date [MM/DD/YYYY]	
Receipt Description						
Full Name						
House #	Stre	eet Address				
City Constitution of the Constitution of the C			State	Zip Gode	Date [MM/DD/YYYY]	
Receipt Description					100	
Full Name						
House #	Stre	eet Address				
City		Darry Town	State	Zip Cade	Date [MM/DD/YYYY]	\$
Receipt Description			<u> </u>		180	
Full Name						
House #	Stre	et Address				
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description						
Full Name			,			
	Stree	et Address				
City		Sales Version and Sales	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description						<u>281</u>
Full Name			-			
	Stref	et Address				
City		<u> </u>	State	Zip Code	Date [MM/DD/YYYY] 4 5	
Receipt Description			THE STATE OF THE S			361.

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: 83-371	0783		
		Wolfbattoen no apuecchen	CONTOUNITOD
UNITEMIZED IN-KIND CONTR TOTAL for the reporting period	(1)	\$	CONTRIBUTOR
To the reporting period	1+1		
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.0	01 TO \$250.00 (FROM PART I	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$25	0.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS REPC	DRTING \$	
PERIOD (Add and enter amount totals to on Page 1, Report Cover Page, Item F)		······- •	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

	 		 	
Filer identification Number: 83-3710783				

Full Name of Contrib	utor			Date [MM/DD/YYYY]	V .
				12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	
House #	Street Address			Date [MM/DD/YYY/]	
City		State	Zip Code	Date [MM/DD/YYYY]	.
Description of Contri	bution				
Full Name of Contrib					DESPINE.
rui wane oi contro	uter			Date (MM/DD/YYYY)	\$
House#	Street Address	······································		Date [MM/DD/YYYY]	\$\frac{1}{8}\rightarrow\frac{1}{8}\rightarro
City	Para de la companya del companya de la companya de la companya del companya de la	State	Zip Code	Date (MM/DD/YYYY)	\$
Description of Contril	oution				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
	1000				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	noituc		, in the second	·	
Full Name of Contribu	itor:	***************************************		Date MM/DD/YYY	\$
House#	Street Address			Date [MM/DD/YYYY]	*
City		State	Zip Code		
		Julie	Zip code	Date (MM/DD/YYYY)	\$
Description of Contrib	ution		PARTIE TO PROPERTY OF THE PARTIES OF	<u> </u>	22200 L
Full Name of Contribu	tor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
At a last		MATTER CHINA	December 2 - Assets 2 - Assets		
City		State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contrib	ution				*

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
[The mention of the line is a	
82 2710782	
Filer Identification Number: 83-3710783	
THE PROPERTY OF THE PROPERTY O	
Control of the Contro	

Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
A.Ge, Audies		
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	/State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date (MM/DD/YYYY) \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Estados Silvinos Silv	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

SCHEDULE III Statement of Expenditures

Filer Identification Number: 83-3710783				

To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date (MM/DD/YYYY) \$
House #	Street Address			Description of Expenditure
City	In a state of the	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] 5
House #	Street Address			Description of Expenditure
Gity		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
Giy		State	Zip Code	on the particular property after viscours and section days to see many to the particular viscours and commenced or re-
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date (MM/DD/YYYY) \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	16		Description of Expenditure
City	.,	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		True-para, angeli i i	Description of Expenditure
City		State	Zip Code	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification	83-3710783	
Name of Credito		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED S [MM/DD/YYYY]
Gity		State Zip
Description of D	Jebř	Code
Name of Credito		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED. \$ [MM/DD/YYYY]
City		State Zip Code
Description of D	řebt	
Name of Credito		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [IMM/DD/YYYY]
City		State Zip
Description of D		Code
Name of Credito	of Street Address	Outstanding Balance of Debt DATE DEBT INGURRED \$
	Sireet Addicab	[MM/DD/YYYY]
City		State Zip Code
Description of De		
Name of Credito	or Street Address	Outstanding Balance of Debt DATE DEBT INCURRED \$
		[MM/DD/YYYY]
City	100 S (0.00 S	State Zip Code
Description of De		
Name of Creditor House #	or Street Address	Outstanding Balance of Debt
		[MM/DD/YYYY]
City		State Zip Code
Description of De	abt.	